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2.7%), followed by the facial (VII, n = 128, 1.9%), the vagus (X, n = 49, 0.7%) and the glossopharyngeal (IX, n = 33, 0.5%) (Table). Patients with perioperative stroke (0.9%, n = 64) had significant higher risk for CNP (n = 15; CNP risk, 23.4%; $P < .001$). Length of hospital stay was longer in patients with a CNP compared to those without (2 days vs 1.5 day; $P < .001$). The vast majority of lesions were transient; only 47 patients (0.7%) had a persistent CNP. Predictors for CNP were urgent (OR, 1.5; CI, 1.1-2.0; $P = .04$) and emergent operations (OR, 2.6; CI, 1.2-5.5; $P = .02$), re-exploration during primary procedure (OR, 2.0; CI, 1.3-3.0; $P = .009$) and return to the operating room (OR, 2.4; CI, 1.4-3.8; $P = .004$), but not redo-CEA (OR, 1.0; CI, 0.5-2.1; $P = .9$) or prior radiation (OR, 0.9; CI, 0.3-2.5; $P = .8$).

Conclusions: While the rate of persistent CNP was low, surgeons should take particular care to protect specific nerves in conditions of urgency, re-exploration, and return to OR.

Table.

	Total, %	*Urgent, %*	*Emergent, %*	*Re-exploration, %*	*Return to OR, %*
Total (n = 6878)	5.6	6.9	16.3	9.7	14.4
CN VII	1.9	2.2[a]	9.3[a]	2.8	8.1[a]
CN IX	0.5	0.5[a]	4.7[a]	0.5	3.6[a]
CN X	0.7	0.9	0	2.8[a]	4.5[a]
CN XII	2.7	3.1[a]	11.6[a]	4.6	4.5

[a] $P < .05$.
CN, Cranial nerve.

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PS42.

Carotid Artery Stenting (CAS) Associated With Increased Mortality Compared With Carotid Endarterectomy (CEA) in the NSQIP Database, 2011

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Objectives: The safety of CAS as an alternative treatment to CEA for carotid occlusive disease remains controversial. Outcomes following these procedures have previously been defined by randomized trials with carefully selected patients, institutional studies, and problematic administrative databases. We sought to utilize a well-validated national clinical database to compare peri-operative outcomes for 2011, the first year CAS was captured in the NSQIP.

Methods: All patients undergoing either CEA or CAS in 2011 captured by the American College of Surgeons NSQIP database were identified. Outcome measures of interest were 30-day death, stroke, myocardial infarction (MI), reintervention, and readmission (URA). All statistical analyses were performed using SAS v9.3.

Results: 4615 patients undergoing CAS (n = 267; 5.9%) or CEA (n = 4248; 94.1%) were included in the analysis. Median age was 71 years. 6.1% of patients had symptomatic disease. The CAS cohort were younger ($P < .01$), more frequently female ($P < .01$), less hypertensive ($P < .01$), and had better preoperative ASA scores ($P < .01$), but were more frequently coagulopathic ($P < .01$). 30-day death was significantly higher in patients undergoing CAS cf. CEA (n = 5, 1.9% vs n = 24, 0.6%. $P = .03$). There was no association between surgical approach and perioperative stroke, MI, reintervention or URA. Nonvascular surgeon status was associated with increased mortality ($P = .02$), as was preoperative dyspnea ($P = .03$), heart failure ($P = .03$), and dialysis ($P < .01$). Risk factors for stroke included preadmission status ($P = .04$) and need for emergency surgery ($P = .02$). Patients undergoing CAS had a significantly shorter length of stay (median, 1; range, 0-24 days vs 1, 0-91 days; $P < .01$).

Conclusions: Based on a national cohort of patients from this large clinical database, CAS was associated with higher 30-day mortality than CEA. Vascular surgeons performed both procedures more safely than other specialists.

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PS44.

Ninety Cases of Craniocaudal Carotid Body Tumor Surgery; Should It Become the Standard Surgical Technique?

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Objectives: To present and evaluate a novel technique for carotid body tumor (CBT) surgery.

Methods: The craniocaudal dissection technique is based upon early identification of the vagal, hypoglossal, and facial nerves, control of the internal carotid artery, and ligation of the ascending pharyngeal artery, all at the CBT's cranial side. Thereafter, with optimal control over neurovascular structures, dissection is carried out in a cranial to caudal fashion. A retrospective analysis of all craniocaudally operated CBT patients in the past 20 years was carried out and results were compared to the current literature describing results from the conventional (caudal to cranial) operative technique.

Results: Ninety CBTs were removed in 77 patients (53% female, mean age 41 years). There were 20